

# Employee Request Form for FMLA Leave

The following request is to be completed and returned to the  
Human Resource Office



\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Employee's Department

\_\_\_\_\_  
Date

## Request for Full-Time Leave

I request a leave of absence from \_\_\_\_\_ (date) to

\_\_\_\_\_ (date) for the following reason:

- ☐ For birth of my child and/or to care for the newborn child.
- ☐ For placement of a child with me for adoption or foster care.
- ☐ To care for my (circle one): spouse, child or parent with a serious health condition. Name: \_\_\_\_\_
- ☐ Because my own serious health condition makes me unable to perform one of the essential functions of my job.
- ☐ For another reason. (Please specify):  
\_\_\_\_\_  
\_\_\_\_\_

## Request for Intermittent or Reduced-Schedule Leave

- ☐ I request intermittent leave or reduced-schedule leave at the following times:

Schedule: \_\_\_\_\_

Reason: \_\_\_\_\_  
\_\_\_\_\_

## Substitution of Paid Leave

- ☐ I request to use the following pay while on leave:

\_\_\_\_\_

## Location During Leave

I can be reached at the following address and phone number during my leave:

\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Approved By

\_\_\_\_\_  
Date